PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number					
Effective October 1, 2000								09831503						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			الج				I	RATI		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC (	EE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2/_ minus 20=		• 1			X\$ 9=			OR	X\$18=	18	
INDEPENDENT CLAIMS			4 _minus 3 =		1			X40=			OR	X80=	80	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	TOTAL		
CI AIMS AS AMENDED - PART II OTHER THAN												THAN		
12	28-01	(Column 1)		(Colu	mn 2)	(Column 3)	١.	SMA	IL E	YTTTM	OR	SMALL		
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	Minus	ه •	21	= /	П	X\$ 9	=		OR	X\$18=		
	Independent	. 4	Minus	414	4	= (	11	X40	=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	_		OR	+270=		
					•				TAL		OR	TOTAL ADDIT, FEE		
3	20.05	(Column 1)		(Colu	mn 2)	(Column 3		AODIT. F	FEL			ADUN. PEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	• 21	euniM	• <	<del>)</del> /	= /		X\$ 9	-		OR	X\$18=	_	
	Independent	NTATION OF M	Minus	CAIDEN	2/ Tri 4184	[= /	-	X40	= ]		OR	X80=		
	FIRST PRESE	NIAHON OF M	DLITTE DEF	CHUCH	COMM		-	+135	=		OR	+270=		
								TO ADDIT. I	TAL EE		OR	TOTAL ADDIT, FEE		
		(Column 1)			mn 2)	(Column 3	)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	T tal	•	Minus	** =	91	±		X\$ 9	-		OR	X\$18=		
	Independent	•	Minus	***	4	2		X40	-		OR	X80=		
L	FIRST PRESE	ENTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		1	+135				+270=		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE										OR OR	TOTAL			
***	If the Highest Nu	mber Previously P imber Previously Pa iber Previously Pa	aid For IN THI	S SPACE	is less th	en 3. enter "3."	•	ADDIT. F und in th		ropriate bo	•	ADDIT. FEE olumn 1.	<u></u>	

FORM PTO-675 (Ray, 8/00)

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